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DIET KITCHEN METHODS OF INSTRUCTION

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The methods of instruction employed in hospital diet kitchens vary to such an extent that it is difficult to find a beginning for the discussion of this important subject. As a rule the superintendent of nurses outlines, in a general way, the course of instruction in dietetics which she desires for the nurses of her training school, but the details of the work and the methods of instruction are usually arranged and worked out by the dietitian who has charge of the diet kitchen. Since dietitians differ greatly in their methods, the instruction offered by various hospitals is apt to be dissimilar, and even in the same hospital methods are constantly changing with each new dietitian.

The main object of the dietitian is to give the nurse a thorough training in invalid cookery and sufficient knowledge of dietetics to enable her to pass the state board examination when she graduates. With these objects in view, we will now discuss some of the methods used to impart this knowledge to the nurse.

The diet kitchen, in most hospitals, is the laboratory where the nurse receives instruction in invalid cookery, but the extent of the instruction depends a good deal on the nature of the hospital. In large municipal hospitals, where most of the patients occupy public wards, there is very little cooking done by the nurses for the patients. The preparation of special diets comprises most of the diet kitchen work. On the other hand, in a hospital where there are many patients in private rooms, the nurses may prepare all of the food for these patients, under the direction of the dietitian, besides preparing special diets for ward patients.

As an example, we will take a hospital with fifty or sixty private rooms, and a number of public wards besides. Under these circumstances the hospital would employ one dietitian to supervise the diet kitchen, and in this kitchen the nurses would learn to prepare the food and set up the trays for the private room patients. Where fifty trays are being served from the diet kitchen, there should be at least five nurses to do the work efficiently. This may seem a large number of people for the amount of work, but we must remember that the nurses are learning to cook while they are actually serving the patients, and their efficiency is diminished by inexperience.

The first big question of importance which comes up for discussion in connection with diet kitchen instruction is the division of work among the pupil nurses. With five nurses in the kitchen the work may be easily divided among them, provided maids are employed to do the heavy work, such as polishing silverware, washing and wiping dishes, scrubbing the floor, and keeping the stoves clean. Many hospitals require the diet kitchen nurses to wipe dishes, black stoves, and polish silverware, but this is apt to be a mistake, as the nurse is in the kitchen to learn how to prepare and serve food for the sick, and the tasks mentioned above, take valuable time from the period of her instruction.

The nurses are ranked in the diet kitchen as in any other part of the hospital, only here they take their seniority according to the order in which they enter the kitchen. For convenience we will number them from one to five; number five being the senior nurse. As each nurse enters the kitchen she is given a regular course of work beginning with the most simple duties and going on until she becomes head cook when she ranks as senior. The outline given below will show in a general way how the work is divided among the nurses, and the number of weeks of instruction they receive in each particular branch of the work.

No. 1. Takes charge of trays, sets trays, keeps salt and pepper shakers and sugar bowls clean and filled, takes care of linen, scrapes and piles soiled plates and dishes ready for washing, keeps china closet and silver drawer clean and in order. (Period of instruction, 2 weeks.)

No. 2. Prepares all vegetables for cooking, makes salads and salad dressings, prepares all fruit. (Period of instruction, 2 weeks.)

No. 3. Prepares all special diets, prepares "extras," broths, gruels, etc. (Period of instruction, 2 weeks.)

No. 4. Assistant cook, cooks all meats, vegetables, eggs, and cereals; makes tea, coffee and cocoa. (Period of instruction, 2 weeks.)

No. 5. Head cook, prepares desserts, cake, bread, biscuits, muffins and toast. (Period of instruction, 2 weeks.)

We assume in this outline that the nurses are working eight hours a day, and remain in the kitchen for a period of ten weeks. There are many hospitals where the period of instruction covers only six or eight weeks. The work can be done in less time, but it has been found that ten weeks cover the ground more thoroughly. Since the work is divided into five parts, the nurse receives two weeks' instruction in each branch. She is able to master the principles of her task the first week, and then put this knowledge into

practice the second week. If for any reason the length of time in the diet kitchen must be shortened to eight weeks instead of ten, the instruction given under No. 1 and No. 2 in the outline may be reduced to one week each instead of two.

We will now briefly discuss the instruction which should be given along the lines laid down in the outline. Nurse No. 1 who has charge of the trays is taught everything possible pertaining to the care of the patient's tray, such as the care of the linen, necessity for absolute cleanliness, proper setting of the tray, methods of keeping food hot, attractive arrangement of food on the tray, and the care of salt and pepper shakers and sugar bowls. The best method of teaching this is for the dietitian to demonstrate before the pupil the correct setting of a tray; showing the method of placing the china, silverware, etc. The attractive appearance of the tray has a great effect on the appetite of the patient, and the nurse must be brought to realize this fully. After one careful demonstration by the dietitian, the nurse should be able to set the trays in the diet kitchen, keeping the model tray before her until she becomes proficient. Besides the setting of the tray, she is also taught how to clear it and pile up the soiled dishes, and she is instructed in the methods of carbolizing china and silver on the tray of an isolated patient.

Nurse No. 2 receives instruction in the preparation of vegetables. She learns how to pare vegetables and cut them up ready for cooking, and she learns to prepare celery and lettuce for salads. She is given recipes and instructions for making salads and salad dressings, and learns how to prepare and serve them properly. She is taught also how to prepare fruits, both those which are served raw and those which are cooked.

Nurse No. 3 has charge of all special diets, and great care must be taken in their preparation. She is taught to prepare various diets, such as salt-free, farinaceous, and diabetic diets. She has charge of making all "extras" (articles not on the regular menu), and she makes all kinds of broth and gruel, and supplies these articles for the ward patients as well as those in private rooms.

Nurse No. 4 is the assistant cook; she is taught how to prepare and cook all meats and vegetables. She learns how to cook eggs in various ways, and to cook cereals, also how to make tea, coffee and cocoa. The methods of giving this instruction we touch upon later.

Nurse No. 5, who is the head cook, receives careful instruction in the art of cake-making, and all forms of bread-making, including biscuits, muffins and toast. She learns to make gluten bread for the diabetic patient, and salt-free bread for the patient on a salt-free diet.

She must also become proficient in making desserts for the sick, and prepare all the custard, wine jelly, and ice cream so extensively used in hospitals. The only method the dietitian has for teaching cookery in the diet kitchen is to give out recipes with directions for the nurses to follow, and then give such verbal directions as may be necessary from time to time. The work of the head cook is, of course, the most difficult to master, and the dietitian must spend the greater part of her time giving directions to her, and to the assistant cook. Demonstrations by the dietitian showing the method of preparing various dishes are a valuable means of giving instruction. A pupil who has once watched the mixing of a cake, quickly and deftly done by the dietitian in a demonstration, gains a far clearer idea of cake-making than she would ever get by working out a recipe herself from printed directions.

When giving directions for working out various recipes, the dietitian should, wherever possible, give some of the fundamental principles which underlie all cooking, such as the effect of heat on starchy and proteid food; the action of baking powder in biscuits and cake, and the part played by yeast in bread-making. The correct use of the oven and the manner of regulating it must, of course, find an important place in the cooking instruction. The nurses should be taught to work neatly, and to keep all tables and utensils washed and in order while they are working. There is no better place in the whole hospital for the nurse to learn order and cleanliness than in the diet kitchen.

It is difficult to give the nurse all the knowledge she should have of the principles of cookery while in the kitchen, for she is busy preparing large quantities of food for the patients while she is learning to cook, and the dietitian is so occupied, supervising five different kinds of work, that she does not have time to give a great deal of attention to any one individual. This brings us to the question of whether it would not be better for the nurse to have a preliminary course in cookery before she enters the diet kitchen to actually prepare food for the patients. In the average hospital the diet kitchen work is planned out on somewhat the same lines as those described above, and the nurses know nothing at all of invalid cookery when they enter the kitchen. They are expected to master many difficult principles of cookery, and at the same time prepare food in large quantities for the patients. This method makes many difficulties for both nurse and dietitian; and it is also an expensive method for the hospital. The nurses, while learning, are apt to spoil many dishes they prepare, for the dietitian cannot direct and instruct all at once, when each one is doing different work. Since the food must go to the patients in per-

fect condition, the spoiled dishes are wasted. The loss amounts to considerable when we remember that each recipe prepared is made to serve fifty or sixty people.

It seems as though some method could be worked out whereby the nurse would receive instruction in the principles of invalid cookery before entering the kitchen to actually cook for the patients. This instruction could be given in the form of twelve or more lessons of two hours each. The nurses would learn to cook in small individual quantities, and ten nurses could take the course at the same time and go directly from the cooking class to the diet kitchen. They would then understand the principles of cookery, and the preparation of food in large quantities would be much easier both for the nurse and the dietitian. Waste would practically be eliminated by the cooking class method, for the food prepared in class work would be in small quantities, and since each pupil would be following the same recipe and receiving the same instructions from the dietitian, few mistakes would occur. From every point of view this seems to be the logical way to teach invalid cookery to nurses, for in the class work the dietitian has time to explain many important principles which must necessarily be overlooked in the rush of diet-kitchen work.

The preliminary class method would not lengthen the time devoted to the study of invalid cookery, for a nurse entering the diet kitchen after taking the class work would not have to remain in the kitchen as long. Hospitals may raise the objection that they have no adequate facilities for this kind of class instruction, but this can easily be obviated. The ideal way of teaching cookery is to have a room arranged with individual cooking apparatus such as seen in the class rooms of the public schools. If the hospital has no room which can be fitted up in this way, or if expense must be considered, it is a simple matter for the dietitian to arrange an equipment for individual instruction in the diet kitchen. The classes may be held there in the afternoon when no meals are being prepared.

The following is a brief sketch of the arrangement for this equipment. First of all adequate table space is necessary, as each nurse must have a place to work. If table space is limited, improvised tables can be made from long, smoothly-finished boards about a foot wide. A pair of carpenter's horses on which to rest each board completes the table. The boards may be any desired length, and they, together with the horses, are easily stored away during the time between classes. The cooking equipment for each nurse should consist of the following articles: one large tin plate on which to work and keep small implements; two small saucepans, one to fit inside the other to form a double

boiler (larger one to be about 5 inches in diameter); one small custard cup; one wire strainer; one wooden spoon for mixing; one measuring cup divided into fourths and thirds; and one small earthenware mixing bowl (about 5 inches in diameter). This equipment for a class of eight or ten pupils can be purchased for very little, and most of the articles may be bought at a five and ten-cent store. Any other articles needed, such as spoons, knives, egg beaters, and baking dishes can be procured from the regular diet kitchen equipment.

We have discussed so far the methods of teaching invalid cookery to the nurse, and now we will briefly give some of the methods of teaching dietetics. This subject should be given in the form of lectures by the dietitian, and in addition the nurse must have a good textbook on the subject to study. A course of twelve lectures of one hour each covers all the ground necessary. These lectures should cover the following subjects; food, its source, composition, and uses in the body; the five food principles; food values; digestion; absorption; metabolism; diet in disease (including diets for all common diseases); and infant feeding. Demonstrations by the dietitian, showing the methods of working out milk formulas should accompany the lectures on infant feeding. If the nurse is required to take careful notes on these lectures, she will have valuable material for future reference and for study. The notebooks should be corrected each week by the dietitian, and at the end of the course an oral quiz and a written examination must be given. The lecture course in dietetics ought to precede, if possible, the course in invalid cookery, for much of the knowledge gained from the lectures will be found useful in the latter course.

We cannot close our subject here without touching on one more important point, and this may best be introduced by asking a question: At what time during her training should the nurse receive instruction in invalid cookery and dietetics? Hospitals have answered this question in various ways; but in most hospitals the probationers are sent to the diet kitchen almost as soon as they enter the training school. There are other hospitals, however, that send the nurses to the diet kitchen at almost any time during their training, and there may be nurses all the way from probationers to seniors in the kitchen at the same time.

There are objections to both of these methods. It is not a good plan to send probationers to the diet kitchen until they have had some training in other parts of the hospital, since diet and the preparation of food mean very little to the pupil until she knows something of the care of a patient, and is able to appreciate what a great factor diet is in nearly all diseases. A young probationer coming into the diet

kitchen is apt to look upon her work there more or less in the light of drudgery; something which must be done before she has earned her cap. She fails many times to look at the work from the point of view of the patient, or to connect diet in any with the patient. The nurse who has been caring for patients before she enters the kitchen has an entirely different point of view, and looks upon diet as an important factor in the treatment of disease.

When we come to the question of mixing classes we find objections also. Nurses from more than one class of the training school do not work as well together in the diet kitchen as nurses from the same class. It may often happen that a probationer is head cook, while a senior, just entering the kitchen, may be taking the lowest rank in her work of setting trays. This state of affairs is apt to upset the discipline and it is better to have all the nurses in the kitchen from the same class if possible. The most favorable time for diet kitchen instruction is during the first year, after the nurse has been accepted, and has had some experience in the care of patients. It is obvious that the diet kitchen course should come early in the training, for the nurse will have many opportunities to use this knowledge during her stay in the hospital.

Diet kitchen instruction is still in its infancy, and new methods and ideas are constantly coming up concerning it. It is left in the hands of the hospital, and especially in the hands of the dietitian, to give the nurse the best possible training along this line. Only by careful study, and by experimenting with various methods can the diet kitchen be brought to the high degree of efficiency which it deserves.

“No profession is worthy that does not give a man room to look out into more usefulness and higher character than he can comprehend at once.”—*Phillips Brooks*.